2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007575

1. Entity Name HINSDALE BB LLC

FILED May 03, 2004 08:00 AN Secretary of State

Principal Place of Business

% ORION INVESTMENT & MGMT LTD. CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157 Mailing Address

% ORION INVESTMENT & MGMT LTD. CORP 9000 SW 152ND STREET, SUITE 106 MIAMI, FL 33157



01192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE
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4. FEI Number 65-1022960 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, B M ESQ. % WHITE & BROWN, P.A. 9000 SW 152ND ST., STE. 102 MIAMI, FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE_			<u>-</u>	4344	- 	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE, Registered Agent signature required w		, DATE	-جعين	
Fi	ling Fee is \$50.00 ue by May 1, 2004	and a second control of the second control of the second control of the second control of the second control of	U00000154146 05/04/04-80156-004 50.00			
9.	MANAGING MEMBERS/MANAGERS			Service Company of the Company of th		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANZ, JOSEPH A 9000 SW 152 ST #106 MIAMI, FL 33157	The second secon				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Appension of the second	DO NOT \	VRITE	Nt. Carache	
TITLE NAME STREET ADDRESS CRY-ST-ZIP			IN THIS S	N. See Control of the		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPID OR WANTED HAVE DISIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-30-04

305-278-8402

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